

**CLAIMS ONLY**

Application Number

Filing Date

10.702549.

Applicant(s)

| CLAIMS        | AS FILED |         | AFTER FIRST AMENDMENT |         | AFTER SECOND AMENDMENT |         |
|---------------|----------|---------|-----------------------|---------|------------------------|---------|
|               | Indep.   | Depend. | Indep.                | Depend. | Indep.                 | Depend. |
| 1             |          |         |                       |         |                        |         |
| 2             |          |         |                       |         |                        |         |
| 3             |          |         |                       |         |                        |         |
| 4             |          |         |                       |         |                        |         |
| 5             |          |         |                       |         |                        |         |
| 6             |          |         |                       |         |                        |         |
| 7             |          |         |                       |         |                        |         |
| 8             |          |         |                       |         |                        |         |
| 9             |          |         |                       |         |                        |         |
| 10            |          |         |                       |         |                        |         |
| 11            |          |         |                       |         |                        |         |
| 12            |          |         |                       |         |                        |         |
| 13            |          |         |                       |         |                        |         |
| 14            |          |         |                       |         |                        |         |
| 15            |          |         |                       |         |                        |         |
| 16            |          |         |                       |         |                        |         |
| 17            |          |         |                       |         |                        |         |
| 18            |          |         |                       |         |                        |         |
| 19            |          |         |                       |         |                        |         |
| 20            |          |         |                       |         |                        |         |
| 21            |          |         |                       |         |                        |         |
| 22            |          |         |                       |         |                        |         |
| 23            |          |         |                       |         |                        |         |
| 24            |          |         |                       |         |                        |         |
| 25            |          |         |                       |         |                        |         |
| 26            |          |         |                       |         |                        |         |
| 27            |          |         |                       |         |                        |         |
| 28            |          |         |                       |         |                        |         |
| 29            |          |         |                       |         |                        |         |
| 30            |          |         |                       |         |                        |         |
| 31            |          |         |                       |         |                        |         |
| 32            |          |         |                       |         |                        |         |
| 33            |          |         |                       |         |                        |         |
| 34            |          |         |                       |         |                        |         |
| 35            |          |         |                       |         |                        |         |
| 36            |          |         |                       |         |                        |         |
| 37            |          |         |                       |         |                        |         |
| 38            |          |         |                       |         |                        |         |
| 39            |          |         |                       |         |                        |         |
| 40            |          |         |                       |         |                        |         |
| 41            |          |         |                       |         |                        |         |
| 42            |          |         |                       |         |                        |         |
| 43            |          |         |                       |         |                        |         |
| 44            |          |         |                       |         |                        |         |
| 45            |          |         |                       |         |                        |         |
| 46            |          |         |                       |         |                        |         |
| 47            |          |         |                       |         |                        |         |
| 48            |          |         |                       |         |                        |         |
| 49            |          |         |                       |         |                        |         |
| 50            |          |         |                       |         |                        |         |
| Total Indep.  | 4        |         |                       |         |                        |         |
| Total Depend. | 14       |         |                       |         |                        |         |
| Total Claims  | 18       |         |                       |         |                        |         |

May be used for additional claims or amendments

|               | AS FILED |         | AFTER FIRST AMENDMENT |         | AFTER SECOND AMENDMENT |         |
|---------------|----------|---------|-----------------------|---------|------------------------|---------|
|               | Indep.   | Depend. | Indep.                | Depend. | Indep.                 | Depend. |
| 51            |          |         |                       |         |                        |         |
| 52            |          |         |                       |         |                        |         |
| 53            |          |         |                       |         |                        |         |
| 54            |          |         |                       |         |                        |         |
| 55            |          |         |                       |         |                        |         |
| 56            |          |         |                       |         |                        |         |
| 57            |          |         |                       |         |                        |         |
| 58            |          |         |                       |         |                        |         |
| 59            |          |         |                       |         |                        |         |
| 60            |          |         |                       |         |                        |         |
| 61            |          |         |                       |         |                        |         |
| 62            |          |         |                       |         |                        |         |
| 63            |          |         |                       |         |                        |         |
| 64            |          |         |                       |         |                        |         |
| 65            |          |         |                       |         |                        |         |
| 66            |          |         |                       |         |                        |         |
| 67            |          |         |                       |         |                        |         |
| 68            |          |         |                       |         |                        |         |
| 69            |          |         |                       |         |                        |         |
| 70            |          |         |                       |         |                        |         |
| 71            |          |         |                       |         |                        |         |
| 72            |          |         |                       |         |                        |         |
| 73            |          |         |                       |         |                        |         |
| 74            |          |         |                       |         |                        |         |
| 75            |          |         |                       |         |                        |         |
| 76            |          |         |                       |         |                        |         |
| 77            |          |         |                       |         |                        |         |
| 78            |          |         |                       |         |                        |         |
| 79            |          |         |                       |         |                        |         |
| 80            |          |         |                       |         |                        |         |
| 81            |          |         |                       |         |                        |         |
| 82            |          |         |                       |         |                        |         |
| 83            |          |         |                       |         |                        |         |
| 84            |          |         |                       |         |                        |         |
| 85            |          |         |                       |         |                        |         |
| 86            |          |         |                       |         |                        |         |
| 87            |          |         |                       |         |                        |         |
| 88            |          |         |                       |         |                        |         |
| 89            |          |         |                       |         |                        |         |
| 90            |          |         |                       |         |                        |         |
| 91            |          |         |                       |         |                        |         |
| 92            |          |         |                       |         |                        |         |
| 93            |          |         |                       |         |                        |         |
| 94            |          |         |                       |         |                        |         |
| 95            |          |         |                       |         |                        |         |
| 96            |          |         |                       |         |                        |         |
| 97            |          |         |                       |         |                        |         |
| 98            |          |         |                       |         |                        |         |
| 99            |          |         |                       |         |                        |         |
| 100           |          |         |                       |         |                        |         |
| Total Indep.  |          |         |                       |         |                        |         |
| Total Depend. |          |         |                       |         |                        |         |
| Total Claims  |          |         |                       |         |                        |         |